

Safety and Health Managers Meeting

Occupational Health Program Assessment Process

Cocoa Beach FL

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Code ZO
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Evaluations are Required:

NASA Policy Directive NPD 1800.2A, NASA Occupational Health Program:

RESPONSIBILITY: The CHMO will ensure the following:

[c.] (2) Providing regular onsite review and assessment of Center Occupational Health operations...



- OH evaluations are not the same as Process Verifications (PV) and VPP evaluations:
 - PVs: Functionally based, processes vary with auditor styles, about a 1:3 ratio of interview to in-field work
 - VPP: Mostly in-field time, looking at end of pipe functionality and worker knowledge – the area of focus varies with the auditor, auditors change
 - OH evaluations are database driven (uniform), looking at management processes, then drilling down in several areas, less in-field time than PVs and VPP assessments
 - OH evaluations more closely match DOE evaluations



- Joint Evaluation Process with PVs and VPP is not practical because of incompatibilities
 - Many Occupational Health aspects are not part of VPP or PV visits (Medical, NRC, Fitness, Food, EAP, etc.)
 - OH Evaluations require dedicated Center staff support for interviews and field visits
 - 800 lb gorilla factor
 - Working with QS and J to reduce duplicity tentative meeting in DC March 18, 2004.



- Evaluation Team Training
 - Sharpen the skills
 - Served as a benchmark with DOE Evaluations
 - Processes are almost the same but on a larger scale
 - DOE spends more time in preparation
 - DOE spends more time on site
 - The DOE process is more expanded
 - The DOE evaluation staffing is 4X ours



- Other considerations:
 - Mapping evaluation requirements to standards
 - Conformance to best practices and standards
 - Evaluations are not compliance audits
 - Listing hard requirements promotes "compliance" to
 MINIMUM requirements rather than a focus on best practices
 - Base Exchange and other non-NASA contracts
 - Rule of thumb, can NASA be impacted?
 - Makes sense to see if you have weak areas
 - Legal determinations will be documented



- Fixed-Schedule Strategy
 - Allows for long-range planning by Centers
 - Helps Code Q plan PVs and OEPs
 - Promotes more accurate time periods between reviews



- Lessons Learned from Evaluations
 - Lessons Learned Meetings ASAP after evaluations
 - Scaled down approach was too aggressive
 - Most evaluations will be about one day longer than originally planned
 - Evaluation letter target date too aggressive
 - Target time moved from 30 to 60 days



- Common Areas of nonconformance:
 - —ACLS Certification
 - —Nosocomial Infection Control
 - —Written Health Facility Emergency Prep Plan
 - —Emergency Prep Plan Roles/Responsibilities
 - —Medical Record QA
 - -Medical Record Summaries



- Common Areas of nonconformance:
 - —Written Infection Control Plan/Procedures
 - —Written EH Policy
 - —Comprehensive EH Exposure Assessment Personnel, Tasks, Locations, Inventories to Rank Exposure Risk Potential
 - —EAPs Not Meeting with Top Center Management on Workforce "Emotional Health"



- Evaluation process enhancements
 - AED installed at Centers 5 lives saved
 - OHMS identified Critical Incident Stress
 Management need
 - In place by 2002, prior to STS 107
 - Improved EAP staffing
 - Improved IH staffing





- Evaluation process (offsite):
 - Contact Center by letter
 - Email questionnaires and request documentation
 - Review questionnaires, documentation, and previous evaluation data
 - Request additional documentation, information, clarification
 - In-house pre-evaluation coordination meeting



- Evaluation process (on site):
 - In briefing with Center representatives
 - Evaluation/data collection
 - Afternoon team coordination meeting (closed)
 - Informal out briefings with Center representatives
 - Out briefing with Center Director or his alternate



- Post-evaluation process (off site):
 - Issue executive summary and detailed report
 - Review Center corrective action plans
 - Issue acceptance letter



- Evaluation support needs:
 - People must be present at and participate in OH evaluations (discipline specific – Contractor and NASA)
 - Out briefings Center Director or alternate required to be present
 - Feedback on any aspect of evaluation process is welcomed



- Moving forward:
 - Emergency Medical Services will be added to the evaluation process as a discipline
 - Add data points to the Agency Health
 Enhancement Database (AHED) and define reports
 - Trend analysis
 - Strength/weakness correlation with data points
 - Determination of Center/Agency OH needs
 - Determine training needs, ViTs topics, etc.





2004 Evaluations

- KSC, January
- MAF, February
- SSC, February
- GRC, May

- LaRC, June
- ARC, August
- DFRC, August
- WSTF, September



2005 Evaluations

- JPL, January
- JSC, February
- GSFC, May

- WFF, May
- HQ, August
- MSFC, September







• Questions, feedback, etc.?

